

**ARIZONA FORM  
A-1R**

**Annual Withholding Tax Return**

Mail to: Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009

**NOTE:** This return must be filed with the department on or before February 28 of the year following the close of the calendar year being reported. All Forms W-2 or magnetic tape must accompany this return. ARS § 43-412 requires this return to be filed with the department.

State withholding number

Federal employer identification number

**Due Date** February 28, 1997

**Period Covered**

From 1/1/96 through 12/31/96

**Check one:**

Original return ☐

Amended return ☐

☐ For DOR use only

**BD#**

P/M

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

1. Number of Form(s) W-2 submitted ..... 1 \_\_\_\_\_
2. Total Arizona income tax amount withheld as shown on Form(s) W-2 and/or 1099-R ..... 2 \_\_\_\_\_
3. Total Arizona income tax paid for the 1996 calendar year ..... 3 \_\_\_\_\_
4. If line 2 is greater than line 3, enter the underpayment difference ..... 4 \_\_\_\_\_  
*If you are underpaid, you must submit an amended Form A1-QRT for the quarter(s) involved. Any underpayment may be subject to penalty and shall be subject to interest. Submit a separate payment for each underpaid quarter on the Form A1-WP. See instructions.*
5. If line 3 is greater than line 2, enter the overpayment difference ..... 5 \_\_\_\_\_  
*If you are overpaid, you must submit an amended Form A1-QRT for the quarter(s) involved. A credit notice will be generated once your amended Form(s) A1-QRT is processed and your payments confirmed. See instructions.*

**Monthly and/or Quarterly Payment Record for 1996 Calendar Year**

Month	AZ tax withheld	AZ tax paid	Month	AZ tax withheld	AZ tax paid
January			July		
February			August		
March (1st Qtr)			September (3rd Qtr)		
April			October		
May			November		
June (2nd Qtr)			December (4th Qtr)*		
<b>Total Employees in 1996</b> _____			<b>Total</b>		

**\*Include all monies withheld for the calendar year even though payment was not made until the following January.**

I declare under the penalties of perjury that I have examined this return and to the best of my knowledge it is true, complete and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Business telephone (\_\_\_\_) \_\_\_\_\_

Paid preparer's signature \_\_\_\_\_ Paid preparer's TIN \_\_\_\_\_

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## Annual Withholding Tax Reconciliation Return

Due Date: February 28

Mail to: Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009

~~Do not use this form to send payment(s). See instructions.~~

Period Covered: From 1/1/96 through 12/31/96

Name - First	Middle Initial	Last	Check one: Original return <input type="checkbox"/> Amended return <input type="checkbox"/>
Number and street			State withholding number
City or town	State	Zip code	Federal employer identification number

This return must be filed with the Department on or before February 28 of the year following the close of the calendar year being reported. All Forms W-2 or magnetic reporting medium must accompany this return. ARS Section § 43-412 requires this return to be filed with the Department.

## Quarterly Reconciliation for the Calendar Year

Quarter	Arizona Tax Withheld	Arizona Tax Paid
1st Qtr	\$	\$
2nd Qtr	\$	\$
3rd Qtr	\$	\$
4th Qtr	\$	\$
Total .....	\$	\$

Total employees during calendar year \_\_\_\_\_

~~\* Include all monies withheld for the calendar year even though payment was not made until the following January.~~

## Annual Withholding Tax Information

- Number of Form W-2 / 1099R for the calendar year .....
- Total Arizona income tax amount withheld as shown on Form(s) W-2/1099-R .....
- Total Arizona income tax paid for the calendar year .....
- If line 2 is greater than line 3, *enter the underpayment difference* .....  
*You must submit an amended Form A1-QRT for the quarter(s) involved. Any underpayment may be subject to penalty and shall be subject to interest. Submit a separate payment for each underpaid quarter on Form A1-WP. See instructions.*
- If line 3 is greater than line 2, *enter the overpayment difference* .....  
*You must submit an amended Form A1-QRT for the quarter(s) involved. A credit notice will be generated once your amended Form(s) A1-QRT is processed and your payments confirmed. See instructions.*

1		
2		
3		
4		
5		

## Amended Form Transmittal Information

- Number of Form(s) W-2/1099 submitted .....
- Gross wage change .....
- Arizona income tax amount withheld change .....

6		
7		
8		

I declare under the penalties of perjury that I have examined this return and to the best of my knowledge it is true, complete and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Business telephone (\_\_\_\_) \_\_\_\_\_